## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 29, 1999 39/524747									47	
		CLAIMS AS	S FILED - Folumn 1)	PART I (Colui	mn 2)	SMAL TYPI	LENTITY	OR	OTHER SMALL	
FO	·R	NUMBE	R FILED	NUMBER 8	EXTRA	RATE	FEE	] [	RATE	FEE
BASIC FEE							345.00	OR		690.00
TO	TAL CLAIMS	25	√ minus 2	0= * <>		X\$ 9:	=	OR	X\$18=	144
INDEPENDENT CLAIMS			minus 3	3 = * /		X39=	=	OR	X78=	78
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT			+130	_	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA		OR	TOTAL	912
CLAIMS AS AMENDED - PART II						· [	<b>⊿</b> ~ ' `	OTHER	THAN	
		(Column 1)		(Column 2)	(Column 3)	SMAI	LL ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NO M	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=	=	OR	X78=	-
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		.400		1	+260=	
						+130	ا	OR	L TOTAL	<u> </u>
					.=	ADDIT. F		TOH	ADDIT. FEE	
<u> </u>	S. Colors of the State of State of the State	(Column 1) CLAIMS	E-WANTER SELECT	(Column 2) HIGHEST	(Column 3)			<b>ק</b>	<u> </u>	L V D D i
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=	=	OR	X78=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130	=	OR	+260=	
						TO	TAL	OR	TOTAL	
						ADDIT. F			ADDIT. FEE	L
<u> </u>	Service and Security of the	(Column 1) CLAIMS	Te describe establ	(Column 2) HIGHEST	(Column 3)		<del></del>	<b>a</b>		1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE	7	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	= ·	OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=	=	OR	X78=	
È	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=	OR	+260=	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE ADDIT.

TOTAL ADDIT. FEE ADDIT.

ADDIT. FEE ADDIT.

THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

TOTAL

## This Forms for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

•	
APPLICATION NUMBER: _	09/524747
	· · · · · · · · · · · · · · · · · · ·

## Total Fee Calculation

Total Fee Calculation									
	Fee Code	Total . # Claims	Number Extra	x	F⇔	Fee	==	Tota1	
Basic Filing Fee Total Claims >20 Independent Claims >3 Multi-Dep Claim Present	<del>-</del>	<u>28</u> -20 = <u>4</u> -3 =	<u>-8</u> ?	K	Sm. Entity	Lg. Entity 690 18 78	 	690 144 28	
Surtherge English Translation TOTAL FEE CALCULA	205/105 139	· .					E .	130	
Total Filing Fees Due  Less Filing Fees Subm	=	1,042.	. OO .						
BALANCE DUE  Office of Initial Parent	= S	<u>1,042</u>	.00		<i>:</i>				

FORM OPE-RAM-01 (Rev. 12/97)